



## APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

**INSTRUCTIONS:** See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		1. Agency Address Department of Education Office of Instructional Services Division of Special Programs Program for Exceptional Children Mental Handicaps Unit	FOR RECORDS MANAGEMENT USE	
Application Date			Application Number <b>82-313</b>	
Application Number			Date Received MAY 28 1982	Date Completed AUG 9 1982
2. Person to Contact Linda Stinchcomb		Working Title Secretary/Typist Senior	Telephone Number 656-2425	
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void				
4. Dates of Series Earliest _____ Latest _____ To Date _____		5. Records Series Title (followed by title used in office, if different) Mental Handicaps Interagency Files		
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? Mental Handicaps Unit staff are actively involved in interagency activities in their effort to expand and improve educational programming for the mentally handicapped. These activities include review and revision of Interagency Cooperative Agreements, participation in interagency on-site evaluations and identification of existing and needed diagnostic and residential services for severely handicapped.				
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Planning with other state agencies educational programs for the handicapped.  Included are: Interagency Cooperative Agreements, interagency on-site evaluations and related correspondence, Residential Study general information, reports and correspondence.  File is arranged: Chronologically by areas above.				
8. Monthly Reference Rate How often are records referred to which are: One to six months old _____; Seven to twelve months old _____; Thirteen to twenty-four months old _____; twenty-five months and older _____?				
9. Annual Rate of Accumulation of Records Letter-size drawers <u>3</u> ; Legal-size drawers _____; Shelves _____; Other (specify) _____				

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	N/A	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
X		f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |              |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need            | _____ years. |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other \_\_\_\_\_ then,

- ☒ Hold in the current files area \_\_\_\_\_ month(s) 3 year(s); then
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☐ Transfer to State Records Center; hold 3 year(s); then
- ☐ Destroy.
- ☒ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Elizabeth A. Todd	4/2/82	Walker L. Baumgardner	5/27/82
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		State Auditor/Designee	7-29-82
		Secretary of State/Designee	7-28-82
		Attorney General/Designee	8-4-82